

New _____ Renewal _____
License: \$215.00

APPLICATION FOR
TOBACCO BUSINESS LICENSE

Business Name: _____ Phone Number: _____

Address of Business: _____ Zip Code: _____

Name of Applicant: _____ Phone Number: _____

Address Applicant: _____ Zip Code: _____

Email Address: _____ Age of Applicant: _____

Length of time this business has been in Indianapolis: _____

Legal Status of Business: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

If Corporation or LLC, list state where incorporated or authorized: _____

Registered Agent's name: _____

Registered Agent's Address: _____ Zip Code: _____

If Corporation, Principal Office of Corporation: _____

If Corporation or Partnership, list the name and address of each corporate officer or partner:

Has the applicant or any partner or corporate officer for the applicant business ever been denied a license or had a license revoked or suspended: Yes _____ No _____

Please indicate that you agree or disagree by marking yes or no for the following:

1. We have notified Marion County Health Department that we intend to allow smoking on the premises.
Yes _____ No _____
2. This business is not within a business that is required to be Smoke-Free. Yes _____ No _____

3. We do not employ anyone under the age of 21 years. Yes_____ No_____
4. We do not allow admittance of anyone under the age of 21 into the facility. Yes_____ No_____
5. Licensee is in good standing and has not had any license or registration to operate a business revoked or suspended: Yes_____ No_____
6. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness: Yes_____ No _____
7. The person signing this application has the authority to sign for the business being licensed: Yes _____ No _____
8. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law: Yes_____ No _____
9. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public: Yes_____ No_____
10. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose: Yes _____ No _____
11. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials: Yes _____ No _____
12. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated: Yes _____ No _____
13. Licensee agrees to apply in writing to the Department of Code Enforcement before changing the location of the business (if permitted by ordinance): Yes _____ No _____
14. Licensee agrees to give the Department of Code Enforcement written notice once the business ceases to exist: Yes _____ No _____
15. Licensee agrees to give the Department of Code Enforcement written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs Yes_____ No _____

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature: _____

Name Printed: _____

Date: _____